

Case Number:	CM13-0059618		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2004
Decision Date:	04/03/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who reported an injury on 07/26/2004 after he lifted a tire that reportedly caused injury to his low back. The patient ultimately underwent spinal fusion. The patient was treated postsurgically with chiropractic care, physical therapy, a spinal cord stimulator, and multiple medications. The patient underwent a Functional Restoration Program and was prescribed Suboxone to assist with withdrawal symptoms. The patient was being weaned from medications. The patient's most recent clinical documentation supported that the patient had consistently increased anxiety and agitation due to medication changes. The patient's medication schedule included Suboxone, Nuvigil, and alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Suboxone 2 mg-0.5mg #150 per month, modified to #120 to wean: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Weaning Medication Page(s): 26, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: The requested Suboxone 2 mg/0.5 mg #150 per month modified to 120 to wean is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone a weaning process for opioid medications. Due to the patient's chronic use of opioids in the management of chronic pain, Suboxone would assist with withdrawal symptoms. However, the discontinued use of Suboxone would require a weaning schedule. California Medical Treatment Utilization Schedule recommends a slow tapering of medications to avoid withdrawal symptoms. Therefore, the requested Suboxone 2 mg/0.5 mg #150 per month modified to 120 to wean is medically necessary and appropriate.

. Nuvigil 150mg, #60 per month, modified to #30 to wean: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: The requested Nuvigil 150 mg #60 per month modified to #30 to wean is medically necessary and appropriate. Official Disability Guidelines recommend this medication to assist a patient with symptoms related to daytime sleepiness. The clinical documentation submitted for review does indicate the patient is reducing the usage of this medication. California Medical Treatment Utilization Schedule recommends a weaning schedule for medications to avoid withdrawal symptoms. Therefore, the requested Nuvigil 150 mg #60 per month modified to #30 to wean is medically necessary and appropriate.

Alprazolam 0.5mg #60 per month, modified to #30 to wean: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications Page(s): 24, 124.

Decision rationale: The requested Alprazolam 0.5 mg #60 per month modified to #30 to wean is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not support the long-term use of benzodiazepines. The clinical documentation submitted for review does provide evidence that the patient is or has been using this medication for an extended period of time. California Medical Treatment Utilization Schedule does recommend a weaning schedule to void withdrawal symptoms for benzodiazepines. Therefore, alprazolam 0.5 mg #60 per month modified to #30 to wean is medically necessary and appropriate.